

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009559

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 47

FILED FEB 26 1962

1. PLACE OF DEATH

a. COUNTY SCOTT

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Sikeston

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO b. COUNTY SCOTT

c. CITY OR TOWN Sikeston

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Missouri Delta Hosp.Inside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
111 W. GLADYSReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

CLINT H DENMAN

4. DATE
OF DEATH

Month

Day

Year

2 17 1962

5. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
7-10-18799. AGE (last birthday)
82IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

RETI.

10b. KIND OF BUSINESS OR INDUSTRY
NEWSPAPER EDITOR11. BIRTHPLACE (City and state or country)
BOLLINGER Co MO12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

J.H. DENMAN

13b. MOTHER'S MAIDEN NAME

SARAH KING

14. NAME OF HUSBAND OR WIFE

ELLA DENMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)
YES SP. AMER.

16. SOCIAL SECURITY NO.

17. INFORMANT

6 Mrs CH Denman - Sikeston MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of prostate with metastases

INTERVAL BETWEEN
ONSET AND DEATH
1 yearConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6/25/61 to 2/17/62 and last saw her alive on 2/16/62.

Death occurred at 7:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Wm. C. Critchlow MD

22b. ADDRESS

Sikeston, MO.

22c. DATE SIGNED

Feb 17, 1962

23a. BURIAL, CREMATION,
REMOVAL (Specify)

REMOVAL

23b. DATE

2-17-62

23c. NAME OF CEMETERY OR CREMATORY

Hullinew Cemetery

23d. LOCATION (City, town, or county)

FARMINGTON

(State)

MO

24. FUNERAL DIRECTOR

ADDRESS

Welsh Funeral Home - Sikeston MO

25. DATE RECD. BY LOCAL REG.

Feb 20, 1962

26. REGISTRAR'S SIGNATURE

Janette Waldman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 1007

2 1007

3

4 0

5 1

6

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8 0

9 177X

10

11

12 1-0

13 2-0

FEB 27 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Stanton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.